



HARGREAVES STREET MEDICAL PRACTICE

454 Hargreaves Street Bendigo 3550

PH: 0354543973 Fax: 0354988857

Adult ADHD self-report of current symptoms

Part 1: Inattention symptoms

Patient Name:	Dr Name:
DOB:	Today Date:

- Please circle/highlight the most appropriate rating that best describes how you have felt and conducted yourself over the last few months
- If you rate any questions as "often" or "very often" please give examples of relevant symptoms/behaviors in both childhood (before the age of 16) and adulthood.

1. Do you fail to give close attention to details or make careless mistakes in schoolwork, at work, or with other activities?				
Never	Rarely	Sometimes	Often	Very often
If "often" or very "often" please give examples:				
Childhood:				
Adulthood:				
2. Do you have trouble holding your attention on tasks?				
Never	Rarely	Sometimes	Often	Very often
If "often" or very "often" please give examples:				
Childhood:				
Adulthood:				
1. Do you find it difficult to listen when spoken to directly?				
Never	Rarely	Sometimes	Often	Very often
If "often" or very "often" please give examples:				
Childhood:				



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Adulthood:

1. Do you find it difficult to follow through on instructions and fail to finish tasks because you get side-tracked or distracted?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood: often

Adulthood: very often

1. Do you have trouble organizing tasks and activities?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood: often

Adulthood:

1. Do you avoid, dislike, or are reluctant to do tasks that require mental effort over a long period (such as schoolwork or homework)?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Do you lose things necessary for tasks and activities (e.g. school materials, pencils, books, tools, wallets, keys, paperwork, glasses, mobile telephones)?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood: often

Adulthood:

1. Are you easily distracted?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Are you forgetful in daily activities?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

Part 2: hyperactivity and impulsivity symptoms

1. Do you fidget, tap your hands or feet, or squirm in your seat?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Do you leave your seat in situations when remaining seated is expected?

Never

Rarely

Sometimes

Often

Very often

If "often" or very "often" please give examples:

childhood:

adulthood:

1. Do you feel restless if you have to remain still?

Never

Rarely

Sometimes

Often

Very often

If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Is it hard for you to take part in leisure activities quietly?

Never

Rarely

Sometimes

Often

Very often

If "often" or very "often" please give examples:

Childhood:

Adulthood:



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1. Do you feel as if you are always on the go?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Do you talk excessively?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Do you blurt out an answer before a question has been completed?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:

Childhood:

Adulthood:

1. Do you have trouble waiting for your turn?

Never	Rarely	Sometimes	Often	Very often
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If "often" or very "often" please give examples:



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Childhood

Adulthood:

1. Do you interrupt or intrude on others (e.g., butting into conversations or games)?

Never

Rarely

Sometimes

Often

Very often

If "often" or very "often" please give examples:

Childhood:

Adulthood:

Please circle/highlight the area(s) of your life which are most affected by your symptoms:

Education

Employment

emotional health (e.g. self-esteem)

family relationships

Finances

Friendships

leisure time/relaxation/ sleep

Adult ADHD Self-Report Scale (ASRS-v 1.1) Symptom Checklist

Patient Name		Today's Date	
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Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.	Ne ve r	Rar ely	S o m e t i m e s	O ft e n	V e r y O ft e n
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					
Part A					
7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					